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AMS-644-E
(07-99)

USDA - AMS

NAME

EMERGENCY NOTIFICATION

PROGRAM OR OFFICE

SOCIAL SECURITY NUMBER

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME

RELATIONSHIP

MAILING ADDRESS

HOME PHONE *(Including Area Code)*

OFFICE PHONE *(Including Area Code)*

ALTERNATE CONTACT:

NAME

RELATIONSHIP

MAILING ADDRESS

HOME PHONE *(Including Area Code)*

OFFICE PHONE *(Including Area Code)*

ADDITIONAL INFORMATION (OPTIONAL):

FAMILY PHYSICIAN

PHONE NO. *(Including Area Code)*

MAILING ADDRESS

I AM ALLERGIC TO THE FOLLOWING DRUG(S) AND/OR EXPERIENCE THE FOLLOWING DISORDER(S):

Previous edition dated 2-76 may be used. (Electronic version is designed in WordPerfect InForms.)